



Worker's Compensation, Injury

Reporting Policy and Transitional Work Program

POLICY NUMBER: 200-02	Effective Date: October 21, 2013	Appointing Authority Approval: 
Replaces Policy Dated: 1/6/2008	Authority: ORC 4123; OCSEA Art. 34.05; SEIU 1199 Art. 16.04	

I. PURPOSE

To ensure that all work related accidents, injuries, and illnesses are reported promptly, benefits are provided uniformly, and that proper forms are used consistently and completed accurately.

II. POLICY

Any injury or illness that occurs in the course of and arising out of employment with the Department of Administrative Services (DAS) will be considered for workers' compensation benefits. Workers' Compensation is designed to provide medical and compensation benefits to employees injured as a direct result of their employment.

Eligibility

All DAS employees are covered by the Ohio Workers' Compensation system for medical costs that result from a work-related injury allowed by the Bureau of Workers' Compensation (BWC). Employees may also be eligible for lost-time wage compensation when the injury requires the employee to miss work.

III. PROCEDURES

A. Reporting Work Related Injuries

1. ***In an emergency or life-threatening situation***, the employee should seek immediate medical attention at the nearest medical facility or call 911. Following treatment, the injured worker must notify his supervisor within 24 hours, complete the Accident/Illness Form ADM 4303 and return it to the Office of Employee Services. In cases of medical incapacitation, the form will be completed by the employee as soon as practicable.
2. For all non-emergency situations, employees should follow this procedure:
 - a.) The employee must report the accident or illness that occurs during work hours before the end of his/her shift to his/her supervisor and the Office of Employee Services (OES).
 - b.) Upon notification of the incident, the OES will provide the injured employee the Accident/Illness Form ADM 4303, Managed Care Organization (MCO) identification

card, the Salary Continuation (SC) benefit and provider information (*see Section VI*), and other related forms.

- c.) The employee must complete the Accident/Illness Form ADM 4303 and return it to OES no later than 24 hours after the accident.
- d.) If the employee seeks medical treatment, the OES will fax the completed ADM 4303 to the MCO for processing.
- e.) If the employee does not initially seek medical treatment but does so later, the employee must notify their supervisor and the OES within 24 hours of the medical treatment.
- f.) If medical treatment is not necessary, the ADM 4303 will remain on file with the OES.

B. Seeking Medical Treatment

1. Employees participating in Salary Continuation must receive medical treatment from a Workplace Injury Labor Management Approved Provider Committee (WILMAPC) approved provider. A list of these providers can be located at <http://das.ohio.gov/Divisions/CollectiveBargaining/Wilmapc.aspx>. Not all BWC certified providers are on the WILMAPC approved provider list. If an employee seeks treatment at any time by a provider who is not on the WILMAPC list, his/her request for salary continuation benefits will be denied.
2. Employees who are not participating in salary continuation must seek medical treatment from a Bureau of Workers' Compensation certified provider and present the MCO identification card to ensure proper payment.
3. The MCO provides a list of recommended providers and medical specialists on its website <http://www.chsmco.com>, however, employees can seek medical treatment from any BWC certified provider IF the employee is not requesting SC. It is important to note that not all health care providers are BWC certified. If an employee seeks treatment from a noncertified provider, BWC will only pay for the first visit; any additional care received from that provider will not be covered. **NOTE:** The employee should consult the link above for the list or check with OES or the MCO to determine if the provider is on the WILMAPC panel.
4. Health care providers must accept the payment from BWC as payment in full. The provider may not bill an employee for amounts not reimbursed by BWC. This is referred to as *balanced billing*.

C. Employee Responsibilities

1. The employee is responsible for keeping his/her supervisor and the OES informed of the status of his/her injury and return to work date at least every two weeks.

2. The employee must also provide written documentation from his/her medical provider stating his/her estimated return to work date and a written diagnosis of his/her injury/illness. Before the employee can return to work, the employee must provide a medical release stating that the employee is able to perform the essential functions of his/her position unless the employee is returning on an approved Transitional Work Program (TWP).
- D. Notification from the Bureau of Workers' Compensation (BWC)
1. The BWC will send the employee a letter verifying the receipt of the filed workers' compensation claim and assign a claim number. The employee should use the claim number when contacting healthcare providers or when inquiring about the claim to the MCO or BWC.
 2. After receiving the claim number, the BWC will issue a formal decision to the employee regarding the allowance or denial of the claim.

IV. CLAIM DENIAL

A. Appealing a Decision

1. An interested party (employee or employer) can appeal a decision made by the BWC or Industrial Commission. Therefore, the employee can file a written appeal with the Industrial Commission within 14 days of issuance of a BWC decision to deny the claim.
2. There are generally four levels in the appeal process. They are listed below in ascending order:
 - a. District Hearing
 - b. Staff Hearing
 - c. Industrial Commission
 - d. Court Appeal

B. Leave Time to Attend a Hearing

1. An employee contesting a decision made by the BWC or the Industrial Commission will be granted sufficient paid leave time from his/her regularly scheduled work hours to travel and attend one hearing conducted by the Ohio Industrial Commission.
2. Employees will also be granted sufficient paid leave time to travel and attend any hearing at the Industrial Commission in which the Department of Administrative Services has contested a decision made in the employee's claim.

V. CLAIM APPROVAL

A. Medical Only Claims

If an employee files a claim and is unable to work seven (7) days or less, the BWC may approve it as a medical only claim. This means that the employee's authorized medical treatments will be paid, but the employee is not eligible for any lost time benefits.

B. Lost Time Claim

If the employee's medical provider determines that the work related injuries will prevent the employee from working eight (8) calendar days or more, the employee may be eligible to receive lost time benefits through the Bureau of Workers' Compensation.

VI. BENEFITS

A. Salary Continuation

A permanent employee, who has a BWC-allowed lost time claim, is eligible to receive 100% of his/her rate of pay for no more than 480 hours based on medical evidence of a disabling work-related injury. Treatment must be received from an approved provider on the WILMAPC list and the employee must follow DAS reporting procedures.

B. Health Insurance

1. Bargaining Unit Employees

- a. An employee who has state health insurance and is receiving Salary Continuation leave will continue to be responsible for the employee's share of health insurance premiums.
- b. An employee who has state health insurance and is receiving, or pending approval of, lost time benefits through the Bureau of Workers' Compensation will be eligible for health insurance at no cost to the employee for a period not to exceed twenty-four (24) months from the date of injury.

2. Exempt Employees

- a. An employee who has state health insurance and is receiving Salary Continuation will continue to be responsible for the employee's share of the health insurance premium.
- b. An employee who has state health insurance and is approved for Family Medical Leave can continue to pay the employee's share of the premium while receiving, or pending approval of, lost time benefits through the Bureau of Workers' Compensation.
- c. Once Family Medical Leave has been exhausted, an employee receiving lost time benefits through the BWC will be responsible for both the employee's and the employer's share of health insurance premium, and will need to contact OES to arrange direct payments.

DAS has the right to recover any employer paid health insurance premiums if it is determined by the Bureau of Workers' Compensation to be a non-compensable or disallowed claim.

C. Leave Usage and Accrual

1. Salary Continuation

- a. Employees are not eligible to use leave balances or other paid leave (i.e. Holiday) while on Salary Continuation.
- b. If the employee's workers' compensation claim is denied, the employee will need to either substitute the use of paid sick, vacation or personal leave or repay any Salary Continuation benefits received.
- c. While on Salary Continuation, employees are in active pay status and will continue to accrue sick and personal leave but not vacation leave.

2. Workers' Compensation Lost Time Benefits

- a. While waiting for a BWC approval on the claim, the employee can use leave without pay or sick, personal, and vacation leave time. However, workers' compensation does not pay for lost time compensation during periods when sick leave has been used.
- b. The use of personal, vacation, or compensatory time will not affect the payments of lost time wage compensation and employees can use this leave time to supplement workers' compensation benefits up to 100% of the employee's regular rate of pay.
- c. An employee will not be eligible to accrue leave time while off work and receiving lost time benefits through the BWC. Upon return to work, bargaining unit employees will be credited with those personal and sick leave hours which they normally would have accrued.

D. Family Medical Leave ("FMLA")

The time absent for a work related injury will also be covered under the Family Medical Leave Act for the first 12 weeks.

E. Appeals Procedure for OCSEA Employees denied Salary Continuation

If an OCSEA bargaining unit employee's request for salary continuation is denied in its entirety, the employee may appeal the denial through the process contained in the Salary Continuation Procedure effective May 24, 2013 which is attached to and made part of this Policy and labeled Appendix A: Salary Continuation Appeal Procedure.

VII. TRANSITIONAL WORK PROGRAM

DAS has developed a transitional work program ("TWP") to assist an employee receiving Salary Continuation, workers' compensation benefits or disability benefits to return to work while they complete their recovery. Transitional work is designed to reduce the economic and emotional impact on temporarily disabled employees, and to reduce the costs of disability to the Employer

while honoring the employee's treatment plan. Please see DAS 200-13 for requirements and eligibility.

Appendix A to DAS 200-02

SALARY CONTINUATION APPEAL PROCEDURE

If the employee's request for Salary Continuation is denied in its entirety, the employee may appeal the denial through the process detailed below. The employee shall not have rights regarding this issue under the Article 25 grievance procedure. Any grievances filed under the Article 25 procedure shall be treated as appeals and forwarded to the Office of Collective Bargaining (OCB) to be processed as an appeal. If there is a non-Salary Continuation issue included in the grievance, that issue shall be separated from the grievance and processed pursuant to Article 25.

Within twenty (20) calendar days from the date the initial denial letter is postmarked, the employee must submit a letter and the appropriate appeal form to OCB, attaching any additional information to support his/her appeal. OCB shall immediately forward the entire packet to DAS Benefits for processing according to the process outlined herein. DAS Benefits will conduct an initial review of the appeal and issue a decision letter to the employee. If the employee's Salary Continuation claim was denied on procedural issues or if the employee has failed to provide any new information to support the appeal, DAS shall issue a letter to the employee within the (10) working days of receipt of the letter denying the appeal and send a copy of the letter, the employee's Salary Continuation application and any other documents submitted to OCSEA Central Office.

If OCSEA determines that further review is necessary, they will submit a request to OCB for a panel to be convened to review the claim within ten (10) working days of receiving the documents from DAS Benefits. The panel will consist of three (3) members: a representative of an Agency which is not the employing Agency and who regularly works with Salary Continuation, a representative of the Union who is not employed by the employing Agency, and a representative or designee of the State Employee Relations Board (SERB). In the event a representative or designee of SERB is not available for whatever reason to serve on the panel, a substitute will be chosen by the other two members of the panel. Representatives from OCB and/or OCSEA may attend, but will not be voting members of the panel.

The panel will be convened within fourteen (14) days of OCB's receipt of the request. The panel will complete a file review of the claim and any information provided by the employee and make a determination to uphold or overturn the denial. There will be no live testimony at the review. The panel will issue the written decision immediately or within three (3) working days if further investigation or documentation is necessary. The panel's decision will be in writing and will be final.

This agreement will become effective the date of the last signature.


Michael Duco, OCB Date 5/24/13

David Long, OCB Date 5/24/2013


Sandra F. Bell, OCSEA Date 5-22-13

Patty Rich, OCSEA Date 5-22-13